



## DLA PIPER RUDNICK GRAY CARY U.S. LLP

1200 NINETEENTH STREET, NW WASHINGTON, DC 20036-2412 TELEPHONE: 202-861-3900 FACSIMILE: 202-223-2085

**DOCKET NO.: 9511-087-27** 

ASSISTANT COMMISSIONER FOR PATENTS PO BOX 1450 **ALEXANDRIA, VA 22313-1450** 

Re:

Serial No.: 10/043,322

Applicant(s): Riichiro ABE, et al. Filing Date: January 14, 2002

For: METHODS AND COMPOSITIONS FOR MODULATING

REGULATION OF THE CYTOTOXIC LYMPHOCYTE RESPONSE BY

MACROPHAGE MIGRATION INHIBITORY FACTOR

Group Art Unit: 1642

Examiner: Christopher H. Yaen

SIR:

Attached hereto for filing are the following papers:

Amendment After Final Cited Documents (3)

Our check in the amount of \$0.00 is attached covering any required fees. In the event any variance exists between the amount enclosed and the Patent Office charges for filing the above-noted documents, including any fees required under 37 C.F.R. 1.136 for any necessary extension of time to make the filing of the attached documents timely, please charge or credit the difference to Deposit Account No. 50-1442. Further, if these papers are not considered timely filed, then a request is hereby made under 37 C.F.R. 1.136 for the necessary extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

DLA PIPER RUDNICK GRAY CARY U.S. LLP

Steven B. Kelber Attorney of Record

Registration No.: 30,073

Daryl A. Basham

Registration No.: 45,869

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

9511-087-27

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                                       |                                |               |                  |          | SMALL ENTITY   |                        |         | OTHER THAN          |                        |
|---|--|---|---------------------------------------|--------------------------------|---------------|------------------|----------|----------------|------------------------|---------|---------------------|------------------------|
| TOTAL CLAIMS  |  |   | 19                                    |                                | 1001011111 2) |                  | ] [      | RATE FEE       |                        | OR<br>1 |                     |                        |
| FOR   |  |   | NUMBER FILED                          |                                | NUMBER EXTRA  |                  | 1        | BASIC FEE      | <del></del>            |         | BASIC FEE           | FEE<br>740.00          |
| TOTAL CHARGEABLE CLAIMS   |  |   | 19 minus 20=                          |                                | *             |                  | t I      | X\$ 9=         |                        | 1       |                     | 140.00                 |
| INDEPENDENT CLAIMS  |  |   | 6 minus 3 =                           |                                | * 3           |                  | 1        |                | <del> </del>           | OR      | X\$18=              |                        |
| ML  | ILTIPLE DEPE                                   | NDENT CLAIM P                             | <u> </u>                              |                                |               |                  | 1        | X42=           | 126                    | OR      | X84=                |                        |
| <u></u>   | No difference                                  |   |                                       | <del>-</del>                   |               |                  | J        | +140=          |                        | OR      | +280=               |                        |
| - 11  |  |   | less than zero, enter "0" in column 2 |                                |               | xolumn 2         |          | TOTAL          | 496                    | OR      | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |                                       |                                |               |                  |          | SMALL          | ENTITY                 | 00      | OTHER               |                        |
| AMENDMENTA  |  | CLAIMS                                    |                                       | HIGH                           | EST           | (Column 3)       | Ìг       | SMALL          | ADDI-                  | OR<br>1 | SMALL               | ADDI-                  |
|   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUM<br>PREVIO<br>PAID          | DUSLY         | PRESENT<br>EXTRA |          | RATE           | TIONAL<br>FEE          |         | RATE                | TIONAL<br>FEE          |
|   | Total  | · 21                                      | Minus                                 | ** 2                           | 0             | =                | ]        | X\$ 9=         | 2500                   | OR      | X\$18=              |                        |
|   | Independent                                    | * )                                       | Minus                                 | <u></u>                        | 0             | = [              | 1 [      | X42=           | les                    | OR      | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |  |   |                                       |                                |               |                  |          | +140=          |                        | OR      | +280=               |                        |
|   |  |   |                                       |                                |               |                  |          | TOTAL          | 1250                   |         | TOTAL               |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |                                       |                                |               |                  |          | DDIT. FEE      |                        |         | ADDIT. FEE          |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY  | PRESENT<br>EXTRA | ] [      | RATE           | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                 | **                             |               | =                | ΙГ       | X\$ 9=         |                        | OR      | X\$18=              | · · · · · ·            |
|   | Independent                                    | *   | Minus                                 | ***                            |               | =                | ]        | X42=           |                        |         | X84=                |                        |
|   | FIRST PRESE                                    | NTATION OF MU                             | ILTIPLE DEF                           | PENDENT                        | CLAIM         |                  | ┚┞       |                |                        | OR      |                     |                        |
|   |  |   |                                       |                                |               |                  |          | +140=<br>TOTAL |                        | OR      | +280=               |                        |
|   |  |   |                                       |                                |               |                  |          |                |                        | OR ,    | TOTAL<br>ADDIT. FEE |                        |
| (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST   |  |   |                                       |                                |               |                  |          |                |                        |         |                     |                        |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |                                       | NUME<br>PREVIO<br>PAID I       | BER<br>JUSLY  | PRESENT<br>EXTRA |          | RATE           | ADDI-<br>TIONAL<br>FEE |         | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus                                 | ##                             |               | =                |          | X\$ 9≃         |                        | OR      | X\$18=              | -, -, -                |
|   | Independent                                    | *   | Minus                                 | ***                            |               | =                | ]        | X42=           |                        | ł       | X84=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                                       |                                |               |                  | ▎├       |                |                        | OR      | 7.042               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |                                       |                                |               |                  |          |                |                        | OR      | +280=               |                        |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE |  |   |                                       |                                |               |                  |          |                |                        |         |                     |                        |
|   | The "Highest Num                               | ber Previously Paid                       | For" (Total or                        | Independe                      | nt) is the    | highest numbe    | er found | d in the app   | ropriate box           | in colu | ımn 1,              |                        |